

TRANSMITTAL FOR NEW EMPLOYEE REGISTRY PROGRAM

PART I TRANSMITTER / CONTACT INFORMATION

Transmitting Firm Name and Address

Transmitting Firm's State Employer Account Number

Transmitting Firm's contact person:

Name: _____

Phone: _____

PART II FIRM(S) BEING REPORTED

(Attach additional sheets if needed. Computer printouts of the required data may also be attached).

Employer Name (Firm #1)

Employer Name (Firm #2)

State ID Number

No. New Hires Reported

State ID Number

No. New Hires Reported

Employer Name (Firm #3)

Employer Name (Firm #4)

State ID Number

No. New Hires Reported

State ID Number

No. New Hires Reported

Employer Name (Firm #5)

Employer Name (Firm #6)

State ID Number

No. New Hires Reported

State ID Number

No. New Hires Reported

Employer Name (Firm #7)

Employer Name (Firm #8)

State ID Number

No. New Hires Reported

State ID Number

No. New Hires Reported

Total Number of New Hires Reported on File _____

PART III MAGNETIC MEDIA FILE INFORMATION

☐ 9 Track Magnetic Tape ☐ 3480 Cartridge ☐ 3490 Cartridge

Internal Label:

☐ Yes ☐ No

☐ Diskette

☐ 5 ¼ Inch ☐ 3 ½ Inch